

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF IOWA**

**P.O. Box 9264
Des Moines, Iowa 50306-9264
www.iasb.uscourts.gov**

In the Matter of:

Case No.

IDENTIFICATION FORM FOR UNCLAIMED FUNDS

CORPORATE/BUSINESS

I, _____, hereby state that I am the
_____, of _____
(Title) (Business Name)
and I am authorized to request payment of the above dividend.

(CORPORATE SEAL)

Signature: _____

Name: _____

Address: _____

Telephone: _____

ATTACH A PHOTOCOPY OF A BUSINESS CARD